Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003													
		CLAIMS AS	Golumn		(Column 2)		SMALL ENTITY TYPE		ГΥ	OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			88				RATE	F	EE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC F	EE 37	5.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*		X\$ 9	=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		*		X42=			OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+140	=		OR	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TOTA	L		OR	TOTAL	750	
	C	(Column 1)	MENDED - PART II (Column 2			(Column 3)	Column 3) SMALL ENTIT			OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	TIC	ODI- ONAL EEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=	X\$ 9:			OR	X\$18=		
AME	Independent	* NTATION OF MI	Minus	***	T CL AIM	= -	X42=			OR	X84=		
	INGIFRESE	INTATION OF MI	JEINTLE DEF	LINDEINI	CLAIN		+140	=		OR	+280=		
								AL		OR	TOTAL ADDIT. FEE		
		(Column 3)	ADDIT. F	I		•	*	**************************************					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=	X\$ 9:			OR	X\$18=		
AME	Independent	* NTATION OF MI	Minus	***	T CL AIM	=	X42=			OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=		OR	+280=	i	
							TOT ADDIT. F			OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA	RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9:	=		OR	X\$18=		
	Independent	*	Minus	***		=	X42=			OR	X84=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI						<u></u>						
*	If the entry in colu	mn 1 is less than t	he entry in colu	ımn 2 write	e "()" in co	olumn 3	+140=			OR	+280≈		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE													
		nber Previously Pa					found in the	appropi	riate box	x in co	lumn 1.		